

REQUEST FOR PROPOSALS

For

NEW HAMPSHIRE

PUBLIC HEALTH NETWORK SERVICES

10-DPHS-BCHS-NHPHN-04

State Fiscal Year 2010
July 1, 2009 – June 30, 2010

March 9, 2009

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NH DHHS, DPHS, Community Public Health Development Section
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**New Hampshire Department of Health and Human Services
Division of Public Health Services**

REQUEST FOR PROPOSALS

NEW HAMPSHIRE PUBLIC HEALTH NETWORK SERVICES

10-DPHS-BCHS-NHPHN-04

STATE FISCAL YEAR 2010

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Public Health Services (DPHS) is to assure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a Request for Proposals (RFP) process.

1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING

The purpose of this RFP, issued in partnership with the Department of Safety, is to procure services of local organizations to serve as regional sponsoring sites for the New Hampshire Public Health Network (PHN). Each Network site will work to improve the capacity and capability of public health system response partners to mount a coordinated response to public health emergencies within a defined region. Each Network site must serve, in its entirety, at least one of fifteen regions listed in Section 2. Proposals will also be accepted that consolidate two or more regions into a smaller number. Each Network site should also be capable to serve as the lead public health entity for broader public health initiatives should funding become available.

Funds for this are available statewide in the amount of \$1,125,000 for the anticipated time period of July 1, 2009 to June 30, 2010. Estimates of available funding and time periods presented here are subject to adjustments. Up to 15 awards may be made to provide services statewide with individual awards ranging from \$60,000 to \$100,000. Preference for a higher level of funding will be given to proposals that serve a geographic region that includes two or more All Health Hazards Regions identified in Attachment 1, or further consolidate the regions identified in the table in section 2(5). See Section 14 of this RFP for provisions regarding or amendments or renewal of any contract resulting from this RFP. Copies of this RFP and accompanying forms may be downloaded from our website at:

<http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

2. BACKGROUND INFORMATION

Support for PHN services is necessary due to the serious lack of robust local public health capacity in the majority of New Hampshire's 234 municipalities and 10 counties. Since 2002, NH has worked

diligently to develop an emergency-ready public health system capable of responding to public health emergencies, outbreaks of infectious disease, pandemic influenza, bioterrorism and other public health threats by appropriately integrating, collaborating, evaluating, and building upon the limited existing local public health infrastructure.

The U.S. Centers for Disease Control and Prevention (CDC) provides funding to state health departments through the Public Health Emergency Preparedness cooperative agreement to support activities required by the Pandemic and All-Hazards Preparedness Act (PAHPA). In 2006 the DPHS established 19 AHHRs to develop and evaluate comprehensive public health emergency response plans. The AHHR initiative was the first time many municipal officials have been involved in any significant public health activities. With a median community population of 2,450, individual municipalities have little independent internal capacity or community-based health care service providers able to respond to large-scale events. Regional infrastructure and capacity improvements have been accomplished through the development of AHHRs. PHN and other funding has supported personnel and organizational capacity to convene, coordinate and facilitate AHHR activities. Each PHN has identified locally responsive strategies for supporting and engaging community partners. Thus, PHN sites are critical partners to the state's overall efforts.

The Pandemic and All-Hazards Preparedness Act (PAHPA) P.L.109-417 requires states to conduct activities to meet the following preparedness goals of the National Health Security Strategy:

- (1) INTEGRATION - Integrating public health and public and private medical capabilities with other first responder systems, including through--
 - (A) the periodic evaluation of Federal, State, local, and tribal preparedness and response capabilities through drills and exercises; and
 - (B) integrating public and private sector public health and medical volunteers.
- (2) PUBLIC HEALTH - Developing and sustaining essential public health security capabilities, including the following:
 - (A) Disease situational awareness including detection, identification, and investigation.
 - (B) Disease containment including capabilities for isolation, quarantine, social distancing, and decontamination.
 - (C) Risk communication and public preparedness.
 - (D) Rapid distribution and administration of medical countermeasures.
- (3) AT-RISK INDIVIDUALS
 - (A) Taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency.
 - (B) The term 'at-risk individuals' means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency.
- (4) COORDINATION - Minimizing duplication of, and ensuring coordination between, Federal, State, and local planning, preparedness, and response activities. Such planning shall be consistent with the National Response Plan, or any successor plan, and National Incident Management System and the National Preparedness Goals.
- (5) CONTINUITY OF OPERATIONS - Maintaining vital public health and medical services to allow for optimal Federal, State, local, and tribal operations in the event of a public health emergency.

The overarching goal of this RFP is to continue support for regional public health emergency planning efforts. Activities conducted by regional partners are integral to the State's ability to

conduct the activities outlined by the CDC. Funding that has supported PHN activities to date has proven to be extremely effective. AHHRs that include an agency that has received PHN funds have demonstrated greater achievement on a number of quantifiable measures including:

- Public Health Emergency Planning plans and annexes developed
- Exercises and drills conducted
- Trainings offered to partners

The regions in which services will be supported during SFY 2010 are:

REGION	TOWN
1	Berlin, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dixville, Dummer, Errol, Gorham, Jefferson, Lancaster, Milan, Millsfield, Northumberland, Odell, Pittsburg, Randolph, Shelburne, Stark, Stewartstown, Stratford, Wentworth's Location, Whitefield, Bath, Benton, Bethlehem, Easton, Franconia, Haverhill, Landaff, Lincoln, Lisbon, Littleton, Lyman, Monroe, Sugar Hill, Woodstock
2	Albany, Bartlett, Chatham, Conway, Eaton, Hart's Location, Jackson, Madison, Brookfield, Effingham, Freedom, Ossipee, Tamworth, Tuftonboro, Wakefield, Wolfeboro
3	Canaan, Cornish, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, Plainfield
4	Ashland, Campton, Ellsworth, Groton, Holderness, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth
5	Alexandria, Andover, Bridgewater, Bristol, Danbury, Franklin, Hebron, Hill, New Hampton, Northfield, Salisbury, Sanbornton, Tilton
6	Alton, Belmont, Center Harbor, Gilford, Gilmanton, Laconia, Meredith, Moultonborough, Sandwich
7	Acworth, Charlestown, Claremont, Croydon, Goshen, Langdon, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Unity, Wilmot
8	Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, Windsor
9	Farmington, Middleton, Milton, New Durham, Rochester, Strafford, Barrington, Dover, Durham, Lee, Madbury, Rollinsford, Somersworth
10	Alstead, Chesterfield, Fitzwilliam, Gilsum, Harrisville, Hinsdale, Keene, Marlborough, Marlow, Nelson, Richmond, Roxbury, Stoddard, Sullivan, Surry, Swanzey, Troy, Walpole, Westmoreland, Winchester, Antrim, Bennington, Dublin, Francestown, Greenfield, Greenville, Hancock, Jaffrey, New Ipswich, Peterborough, Rindge, Sharon, Temple
11	Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett, Manchester, New Boston

REGION	TOWN
12	Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Nashua, Pelham, Wilton
13	Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, Windham
14	Brentwood, East Kingston, Epping, Exeter, Fremont, Hampton, Hampton Falls, Kensington, Kingston, Newfields, Newmarket, Newton, Nottingham, Raymond, Seabrook, South Hampton, Stratham
15	Greenland, New Castle, Newington, North Hampton, Portsmouth, Rye

3. SCOPE OF SERVICES AND PERFORMANCE MEASURES

3.1 Scope of Services:

The minimum required services to meet the priorities and goals of this request for proposals are: lead the development and updating of public health emergency response plans and annexes to address existing gaps in planning as identified by the DPHS and regional partners; convene and facilitate regular meetings among partner agencies to strengthen local and regional response capacity; support and participate in drills and exercises, including at least one statewide exercise; participate in local and regional health assessments to understand how community health status impacts emergency planning and response, assist the DPHS to provide trainings to local health officers and AHHR partners; and; participate in training and technical assistance programs offered by state agencies.

3.2 Performance Measures

The DPHS is committed to assuring that it delivers high quality public health services directly or by contract. As stewards of state and federal funds we strive to assure that all services are evidenced-based and cost efficient. To measure and improve the quality of public health services, DPHS employs a performance management model. This model, comprised of four components, provides a common language and framework for DPHS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and, 4) quality improvement. DPHS has established the following performance measures for the work to be carried out under this proposal.

- Number of updated plans and annexes submitted to the DPHS within a timeframe mutually agreed to by both parties
- Number of new disease specific appendices submitted on time, based on priorities established by the DPHS
- Number of After Action Reports submitted within 60 days of a drill or exercise
- Number of training programs offered to local health officers and planning partners

As part of this proposal, the bidder is required to describe in the workplan the steps that will be taken towards meeting the performance measures and the evaluation process that will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DPHS, the selected bidder/contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.

A detailed workplan must be submitted in addition to the narrative sections described in section 10 of this RFP. The workplan must describe what major activities will be conducted, the person(s) or group(s) responsible for each activity, and a timeline that will allow progress to be measured throughout the project period.

3.3 Culturally and Linguistically Appropriate Standards of Care

DPHS recognizes that culture and language have considerable impact on how residents prepare for and respond to public health emergencies and services. Culturally and linguistically diverse populations experience barriers in efforts to prepare for and respond to emergencies. To help improve response capability within the region, the DPHS expects the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

4. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by a consortium of public, non-profit, and private entities. In the case of collaborative proposals, one organization shall be designated to enter into a contractual relationship with the DPHS. Programs currently funded shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP. Applicants receiving PHN funding in SFY 2009 must provide a letter of support signed by the AHHR's designated Point of Contact (POC) unless the POC is an employee of the agency submitting the proposal. When the POC is an employee of the agency submitting the proposal, a letter of support must be signed by members of their Regional Coordinating Committee that represent three or more municipalities and/or partner agencies.

5. PROCUREMENT TIMETABLE

March 9, 2009	RFP packages are available by request or via the NH DHHS website http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm
March 16, 2009	Bidders' Conference, not mandatory, but strongly recommended
March 20, 2009	Mandatory Letters of Intent due to DPHS by 4:30 PM EST
March 27, 2009	Deadline to submit questions in writing relative to RFP by 4:30 PM EST
April 3, 2009	Proposals due to DPHS by 4:30 PM EST
April 13, 2009	Notices will be sent to selected bidder(s)
April 15, 2009	Contract documents sent by DPHS to selected bidder(s) for signature
April 24, 2009	Signed contract documents due back to DPHS
July 1, 2009	Effective date of contracts, pending Governor and Council approval.

6. LETTER OF INTENT

The enclosed required Letter of Intent Form, or other written communication that includes all information requested on the Letter of Intent Form, shall be used to satisfy the Letter of Intent requirement by submitting to DPHS as described on the form.

A Letter of Intent offers the benefit of ensuring that a bidder will receive notice of any modifications made to the RFP as well as copies of questions asked by all bidders and answers provided by DPHS, as described in Section 7.2. Also, electronic versions of forms, required for proposal submission, will be provided to all bidders that submit a Letter of Intent.

7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS

7.1. Bidders' Conference

A bidders' conference will be held for all bidders on March 16, 2009 from 1:00 to 2:30 P.M. at the DPHS offices located at 29 Hazen Drive, Concord, NH. Attendance at the bidders' conference is strongly recommended. Bidders may participate in a conference call if they are unable to attend the conference. Contact Janice Southwick via email at JSouthwick@dhhs.state.nh.us to RSVP and/or arrange to participate via phone by March 13, 2009 at 4:00 P.M. to make necessary arrangements. The conference will provide an overview of the RFP process and an opportunity to receive technical assistance. Questions received at the bidders' conference and corresponding replies will be communicated via e-mail to all bidders' conference attendees and will be published on the DHHS web site at:

<http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>

7.2. Bidders' Questions

Please see the DHHS' Frequently Asked Questions (FAQs) about the RFP process @ <http://www.dhhs.nh.gov/DHHS/OBO/FAQs/default.htm>. These will provide answers to many commonly asked questions about the proposal process. All questions relative to the RFP must be submitted in writing to Neil Twitchell by the date in the Procurement Timetable at the address below or via e-mail at NTwitchell@dhhs.state.nh.us. These questions and their answers will be sent to all bidders who have submitted a Letter of Intent and will also be published on the DHHS web site at the web address noted in the Procurement Timetable.

NH DHHS, DPHS, Community Public Health Development Section
ATTN: Neil Twitchell
29 Hazen Drive
Concord, NH 03301-6504

8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS

Funds may be used to pay for salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, subcontracts, consultants, equipment, software, and telephone. Indirect costs must be less than or equal to 10% of direct costs. DPHS funding may not be used to replace funding for a program already funded from another source.

Funded contractors/vendors will be expected to keep records of their activities related to DPHS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded contractors/vendors will be accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

Staff funded under this RFP will be required to attend pertinent technical assistance sessions or progress reviews sponsored by DPHS.

9. PROPOSAL SUBMISSION INSTRUCTIONS.

9.1 Proposal Submission

Proposals shall be submitted to:

NH DHHS, DPHS, Community Public Health Development Section
ATTN: Neil Twitchell
29 Hazen Drive
Concord, NH 03301-6504

The proposal shall be received (not simply post-marked) by DPHS no later than 4:30 PM, EST on the date specified in the Procurement Timetable in Section 5. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the bidder.** The DPHS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

9.2 Required Materials

The following required materials shall be submitted to DPHS in order for a proposal to be complete:

1. Original proposal, plus three (3) copies and an electronic copy on CD or other media. Hard copies should be double-sided.
2. Proposal Face Sheet
3. Proposal Checklist
4. Table of Contents
5. Executive Summary
6. Proposal Narrative
7. Workplan with Performance Measures
8. Staff List Form
9. Budget Form
10. Sources of Revenue Form
11. Comprehensive General Liability Insurance Acknowledgement Form
12. Letter of Support as described in Section 4.

Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA

Proposals shall follow the outline presented in this section and are required to contain all components listed and detailed below. Proposals will be reviewed as described in Section 11. **The score of a proposal will be based on the extent to which the applicant successfully addresses the required proposal components.**

10.1 Proposal Formatting & Adherence to Instructions – 5 Points

An organized proposal facilitates the work of reviewers who are often reviewing multiple proposals.

Proposals shall:

- contain a Table of Contents;
- be typed, double-spaced and in no less than 11-point font;
- have one-inch margins;
- have numbered pages, following the Table of Contents;

- include requested information in appropriate sections of proposal;
- adhere to page limitations for each section;
- spell out all acronyms the first time that they are used;
- note the source of all data cited; and,
- be clipped in the upper left corner, and not be bound or stapled.

10.2 Proposal Face Sheet – Not scored

10.3 Proposal Checklist – Not scored

10.4 Table of Contents – Not scored

10.5 Executive Summary (not to exceed 2 pages) Not scored

Proposals lacking an Executive Summary will not be reviewed.

Summarize the agency/bidder organization information (include any subcontractors to be involved), the proposal, the priority activities to be conducted, and how this will strengthen regional preparedness. The Executive Summary is an integral component of the proposal review process and must be prepared as a stand-alone component.

10.6 Proposal Narrative and Workplan

10.6.1 Bidder Experience and Capacity (not to exceed 5 pages) - 30 Points

This section of the proposal is intended to convey the experience and capacity of the bidder, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the bidder is the most qualified candidate to provide the services requested.

1. Describe the bidder's overall **mission, program, and services**, indicating how they relate to the goals and priorities described in Section 2. of the RFP.
2. Describe/demonstrate in the proposal that the bidder and any collaborating partners have the **experience and capacity** necessary to meet the goals, objectives, and priorities of the program; provide the minimum required services as described in Section 3. and Exhibit A of the RFP; and, to meet the performance measures. This includes:
 - a. its overall ability to perform the technical aspects of the program;
 - b. the availability of qualified and experienced personnel;
 - c. the availability of adequate facilities, general environment, and resources for the proposed services; and,
 - d. adequacy of plans for the administration of the program. Please include an organizational chart as an appendix.
 - e. additional public health activities beyond emergency preparedness and the applicant's capacity and willingness to coordinate and expand activities to broader public health services should funding become available.
3. Describe any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency/bidder organizational structure) which

occurred during the current fiscal year, or which are planned for the upcoming period, and explain how these will impact the scope of services to be provided.

10.6.2 Plan of Operation (not to exceed 5 pages) - 20 Points

This section of the proposal supplements the workplan and Staff List Form and describes how the bidder will meet the overall goal(s) described in Section 2. and the Scope of Services of the RFP.

1. Describe, concisely and completely:
 - a. how the program will operate;
 - b. how the Scope of Services as described in Section 3. and Exhibit A of the RFP will be carried out – and by whom;
 - c. the roles of each staff member, identifying each staff member by name or, by title if the position is vacant. Provide, as attachments, current resumes for all program staff and job descriptions for vacant positions. These attachments will not be counted as part of the page limitation; and,
 - d. how performance measures will be met.
2. Describe the populations and geographical areas to be served.
3. Describe and demonstrate the bidder's ability to plan for populations with functional needs as defined by the CDC. These populations are: children, senior citizens, and pregnant women as defined by PAPHA. CDC also considers the following as potentially needing additional assistance during emergencies: individuals with disabilities; live in institutional settings, are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and have pharmacological dependency.
4. Describe a plan for monitoring and evaluating progress in meeting objectives stating how progress will be measured.
5. Complete the provided electronic Staff List Form according to instructions.

10.6.3 Workplan

Workplans address specific objectives, activities and performance measures. Complete the Workplan/Reporting Form according to the instructions. There is no page limitation for this form. Performance Measure targets should be realistic and attainable.

1. Describe steps of a clear and rational process to carry out activities and meet objectives. Significant activities and associated timelines must be included.

10.6.4 Budget and Justification - 15 Points

For the purposes of this RFP, the **Budget Period is July 1, 2009 to June 30, 2010.**

The proposed budget shall be appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. It shall include the following items:

1. **Budget Form** (provided by DPHS) See RFP Enclosures, Section 16. This form details the costs of your proposal. The Budget Form shall be submitted electronically and in hard copy.
2. **Budget Justification** - (Not to exceed 2 pages per Budget Period)
A Budget Justification must be completed.
 - Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Use the numbered items as listed in the Budget Form and Justification Instructions (See Enclosures) to organize this justification narrative.
 - Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds.
 - Proposals should provide the best value for cost/price bid.
 - The indirect costs shall not exceed 10 % of direct costs.
3. **Sources of Revenue Form** (provided by DPHS)
The Sources of Revenue Form shall be submitted electronically and in hard copy.
 - Complete one Sources of Revenue Form for each Budget Period.
 - Provide clear information about other sources of revenue for the program other than state funds.
 - Show in-kind contributions for the same Budget Periods.
 - Show any revenue generated.
4. **Staff List Form** (provided by DPHS)
The Staff List Form shall be submitted electronically and in hard copy.
 - Include all staff in the program funded in part or in whole through this proposal.
 - Complete one Staff List Form for each Budget Period.

11. PROPOSAL REVIEW AND EVALUATION

DPHS will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The panel will be comprised of internal and external reviewers for competitive proposals. All reviewers are required to sign a conflict of interest agreement to assure their impartiality during the review process.

Scoring of proposals will be based solely on what is submitted in writing by the bidder in response to this RFP. The merits of each proposal will be evaluated and scored according to the scoring criteria described in Section 10.

In situations in which proposal scores are close or equal after the initial review, the DPHS may choose to conduct a second review of the proposals with comparable scores, and/or may request that bidders present a live presentation to the review committee of their proposal. The DHHS reserves the right to request additional information in order to make a final determination of the successful bidder(s).

DPHS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DPHS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior bidder performance (if applicable), and other Department priorities.

Please note that DPHS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION

Notice of Selection Procedures

A letter of selection will be sent to selected bidders by the date noted in the procurement timetable. The scope of services and budget may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected bidder to satisfactorily negotiate within a reasonable time may result in the bidder forfeiting its award.

DPHS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DPHS may also require a bidder to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

Recommendation for Non-Selected Proposals

In accordance with New Hampshire Statutes Chapter 21-I:13-a, no information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process. This means that no information can be provided to non-selected bidders until contracts are awarded to selected bidders through the Governor and Executive Council.

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with DPHS administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DPHS, Bureau of Policy and Performance Management
ATTN: Joan H. Ascheim
29 Hazen Drive
Concord, NH 03301-6504

Such requests are not considered appeals. Once a bidder has submitted a letter, DPHS will attempt to accommodate such requests within a reasonable time.

13. DOCUMENTS FOR CONTRACT APPROVAL

Following selection, selected bidders will be required to submit the following documents for contract approval:

- Signed and notarized **General Provisions (P-37)** (form provided by DPHS).
- Signed and notarized **Certificate of Vote** (sample provided by DPHS).
- Revised budget and budget justification pages.
- Most recent **Agency Financial Audit, or audited financial statements** (required only for contracts purchasing social services)
- Agency/bidder **Mission Statement** - (required only for contracts purchasing social services)
- **Key Administrative Personnel Sheet** - (required only for contracts purchasing social services) a chart of key administrative personnel.
- **Resumes** - (required only for contracts purchasing social services) current resume/curriculum vitae of each person listed in the Key Personnel Sheet.
- **Board of Directors List** - (required only for contracts purchasing social services)
- **Certificate of Good Standing** - (not required for municipalities) this is a Certificate of Good Standing, Registration, or Authorization, as appropriate, that is issued by the NH Secretary of State's office and is proof of a company/organization's existence.
- **Certificate(s) of Insurance** for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

Director, Division of Public Health Services
NH Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301-6504

- Signed copies of additional assurances: **Exhibits D; E; F; G; H**, (provided by DPHS).

Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

14. ADDITIONAL INFORMATION

Amendments

DPHS has the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Renewals

DPHS has the option to renew the Agreement for two additional years, pending availability of funding, the agreement of the parties, and approval by Governor and Council.

Cancellation

DPHS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES

DPHS will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use. The DHHS will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

16. ENCLOSURES

Exhibit A

Attachment 1 – All Health Hazards Regions (AHHR) Town List

Workplan/Reporting Form & Instructions

Letter of Intent Form

Proposal Face Sheet & Instructions

Proposal Checklist

Staff List Form & Instructions

Budget Form

Budget Form and Justification Instructions

Sources of Revenue Form & Instructions

Comprehensive General Liability Insurance Acknowledgement Form

NH Department of Health and Human Services

Exhibit A

Scope of Services

New Hampshire Public Health Network Services

CONTRACT PERIOD: July 1, 2009 or date of G&C approval, whichever is later,
through June 30, 2010

CONTRACTOR NAME:

ADDRESS:

Agency Contact & Title:

TELEPHONE:

Public Health Emergency Preparedness Capacity Building

The contractor, as a recipient of federal funds for public health emergency preparedness through the Centers for Disease Control (CDC) and Prevention's Public Health Emergency Preparedness (PHEP) Cooperative Agreement, will work to develop region-wide public health emergency response capabilities and capacities. Proposed activities must build on previous achievements; target gaps in planning and exercising that are specific to the region; and respond to state-level priorities and initiatives. The overarching goal is to improve the functionality of local and regional public health response plans. During SFY 2010, the contractor will conduct the following activities:

Emergency Preparedness and Response Coordination

1. Provide leadership and coordination to improve the readiness of regional, county, and local public health emergency response partners.
Maintain the Regional Coordinating Committee (RCC) established with pandemic influenza funding. Conduct bimonthly meetings of the RCC and any committees established based on regional needs.
- 1.2 Revise the "all health hazards" Public Health Emergency Preparedness and Response Plan (PHERP) and related annexes and appendices. The priority outcome in this area is better integration of this plan with Local Emergency Operations Plans (LEOPs).

- 1.2.1 Update regional medical surge annexes that include all functional components of the Modular Emergency Medical System (MEMS) described in the State of New Hampshire Medical Surge Guideline. The priority activity in this area is to broaden existing medical surge planning to develop the capacity to meet individual's needs for supportive medical care during any emergency that disrupts the normal delivery of health and medical services.
- 1.2.2 Update Point of Dispensing (POD) annexes that include site-specific operations and intra-regional coordination.
 - 1.2.2.1 Complete a written assessment of the region's plan to receive, store, and dispense vaccine or medications based on guidance and assessment tools provided by the DPHS and HSEM.
- 1.2.3 Disease-specific appendices based on priorities established by the Division of Public Health Services (DPHS).
- 1.2.4 Update, as appropriate, the region's public health risk communication annex. Demonstrate within the plan how public health related messages would be developed and disseminated in a coordinated manner among state, regional and local response entities.
- 1.2.5 Distribute, maintain and update at least annually a regional public health emergency resource directory that includes emergency contact information for critical local public health partners and medical services providers.
- 1.3 Develop, with the RCC, a plan to disseminate the public health emergency plan annexes, appendices, and other supporting materials to planning and response partners, including municipal officials.
 - 1.3.1 Provide briefings to elected and appointed officials from individual municipalities in at least 50% of communities in the region that did not receive a briefing during SFY 2009.
- 1.4 Demonstrate linkages with health care providers' emergency preparedness planning processes including, but not limited to, hospitals, home care, primary care, and nursing homes/extended care facilities.
 - 1.4.1 Extend invitations to join the RCC.
 - 1.4.2 Provide information to health care providers about regional plans, annexes and resource assets.
 - 1.4.3 Initiate contact with health care providers to develop Memoranda of Understanding to support regional response capabilities.
2. Improve the capacity and capability within the region to respond to public health emergencies when requested by the DPHS.
 - 2.1 Facilitate the development and execution of Memorandum of Understanding (MOU) to secure facilities that will be used as Acute Care Centers (ACCs), Neighborhood Emergency Help Centers (NEHCs), Points of Dispensing (POD) and other facilities needed during public health events as identified by regional partners. Signatories should include municipal officials and/or members of the RCC and representatives from the facility(ies) who have the authority to enter into such agreements.
 - 2.2 Develop contracts with medical supply vendors that will allow for "just in time" delivery of ACC, NEHC, and POD supplies during a major public health emergency.
 - 2.3 Coordinate the stockpiling of supplies necessary for the activation of ACCs, NEHCs and PODs located within the region. Develop a system for the rotation of medical supplies.

- Develop and execute MOUs with agencies to store, inventory, and rotate these supplies to minimize expired supplies.
- 2.4 Continue developing a Medical Reserve Corps (MRC) within the region, or in cooperation with other regions according to guidance from the federal MRC program, the HSEM's MRC coordinator and the DPHS.
 - 2.4.1 Conduct outreach to local health care and other entities for the purpose of recruiting MRC members.
 - 2.4.2 Enroll, to the greatest extent possible, MRC members in the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP).
 - 2.4.3 Provide at least two trainings to MRC members.
 - 2.5 Disseminate information about ESAR-VHP to public health and health care professionals interested in responding to emergencies in other states or nationally.
 - 2.6 Receive and, as requested by the DPHS, act on Health Alert Notices.
 - 2.7 Support post-event recovery planning to help ensure community resiliency and the ability to restore general public health services.
- 3. Participate in and support, as funding allows, drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 3.1 Collaborate with local emergency management directors and public health system partners to seek funding to support public health emergency response training experiences, drills and exercises.
 - 3.2 To the extent possible, participate in emergency response training experiences, workshops, seminars, drills and exercises as requested by local emergency management directors or other public health partners.
 - 3.3 Participate in at least one statewide exercise as requested.
 - 3.4 Coordinate at least one workshop or seminar and one tabletop exercise, functional or full-scale drill within the region to evaluate revisions to existing plans or annexes; new annexes or appendices; or specific functional components.
 - 3.4.1 Ensure the AHHR coordinator meets certification requirements as an evaluator under the HSEEP.
 - 3.4.2 Evaluate at least one exercise or drill in another AHHR.

Strengthening Public Health System Capacity

- 1. Facilitate communication and coordination among regional public health system partners to strengthen the planning and response capabilities of the public health system within the region.
 - 1.1 Enter into MOUs with governmental, public health, and health care entities that describe the respective role and responsibilities of the parties in the planning and response to a public health emergency.
 - 1.2 Participate in an initiative led by the DPHS to develop public health regions.
 - 1.2.1 Provide logistical support for at least one meeting of regional partners to discuss findings from assessments conducted during SFY 2009.
 - 1.2.2 Refer to the DPHS regional partners, including municipal officials, interested in sponsoring informational sessions conducted by DPHS.
 - 1.2.3 Disseminate information provided by the DPHS regarding legislation related to regionalization.

- 1.3 Sponsor and organize the logistics for at least two trainings/in-services for municipal public health officers that address their role in public health emergency planning and other core public health competencies. Collaborate with the DPHS and the NH Institute of Public Health Practice to implement these training programs.

Assessment

1. Participate in regional, county and local health needs assessments convened by other agencies. Participate in the development of the community health improvement planning processes being conducted by other agencies. The purpose of these activities is to ensure public health emergency response measures and resources are assessed adequately.

Training and Technical Assistance

1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
 - 1.1 Participate in bi-monthly technical assistance and networking meetings.
 - 1.2 Collaborate with the agency funded by DPHS to provide technical assistance to develop a technical assistance plan specific to region.

Reporting and Management

1. Complete the following reporting, contract monitoring and performance evaluation activities:
 - 1.1 Provide quarterly progress reports based on performance using reporting tools developed by the DPHS.
 - 1.2 Participate in site visits with the DPHS and HSEM staff. Site visits will include:
 - 1.2.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit, based on an evaluation plan that includes performance measures.
 - 1.2.2 A financial audit in accordance with state and federal requirements.
 - 1.3 Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means.
 - 1.3.1 Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C-1, paragraph 3.
 - 1.4 Submit to the DPHS and, as applicable HSEM, all plans, annexes, and appendices and other materials developed under this agreement.
 - 1.5 Provide other programmatic updates as requested by DPHS and HSEM.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract, we will contact the Community Public Health Development Section immediately for additional guidance.

**Community Public Health Development Section
New Hampshire Public Health Network Services Workplan
July 1, 2009 to June 30, 2010**

Agency: _____

Instructions: Provide sufficient detail so that reviewers unfamiliar with the program will be able to understand what the objective is; what key activities will be conducted to meet that objective; who is responsible to carry out the activity and when; and how you will know the objective was met. Objectives should be written in the SMART format: Specific, measurable, achievable, relevant, and time-bound. There is no page limit for this workplan, please add rows as needed.

Objective	Activity	Responsible Person or Entity	Time Period	Evaluation Plan

ATTACHMENT 1
All Health Hazards Regions (AHHR) Town List

Region #	All Health Hazards Regions	Town
1	Great North Woods	Berlin, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dixville, Dummer, Errol, Gorham, Jefferson, Lancaster, Milan, Millsfield, Northumberland, Odell, Pittsburg, Randolph, Shelburne, Stark, Stewartstown, Stratford, Wentworth's Location, Whitefield
2	Northern Grafton County	Bath, Benton, Bethlehem, Easton, Franconia, Haverhill, Landaff, Lincoln, Lisbon, Littleton, Lyman, Monroe, Sugar Hill, Woodstock
3	Northern Carroll County	Albany, Bartlett, Chatham, Conway, Eaton, Hart's Location, Jackson, Madison
4	Upper Valley Region	Canaan, Cornish, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, Plainfield
5	Greater Plymouth	Ashland, Campton, Ellsworth, Groton, Holderness, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth
6	Greater Franklin/Bristol	Alexandria, Andover, Bridgewater, Bristol, Danbury, Franklin, Hebron, Hill, New Hampton, Northfield, Salisbury, Sanbornton, Tilton
7	Greater Laconia/Meredith	Alton, Belmont, Center Harbor, Gilford, Gilmanton, Laconia, Meredith, Moultonborough, Sandwich
8	Southern Carroll County	Brookfield, Effingham, Freedom, Ossipee, Tamworth, Tuftonboro, Wakefield, Wolfeboro
9	Greater Sullivan County	Acworth, Charlestown, Claremont, Croydon, Goshen, Langdon, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Unity, Wilmot
10	Greater Concord	Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, Windsor
11	Northern Strafford County	Farmington, Middleton, Milton, New Durham, Rochester, Strafford
12	Southern Strafford County	Barrington, Dover, Durham, Lee, Madbury, Rollinsford, Somersworth
13	Greater Cheshire County	Alstead, Chesterfield, Fitzwilliam, Gilsum, Harrisville, Hinsdale, Keene, Marlborough, Marlow, Nelson, Richmond, Roxbury, Stoddard, Sullivan, Surry, Swanzy, Troy, Walpole, Westmoreland, Winchester
14	Greater Peterborough	Antrim, Bennington, Dublin, Francestown, Greenfield, Greenville, Hancock, Jaffrey, New Ipswich, Peterborough, Rindge, Sharon, Temple
15	Greater Manchester	Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett, Manchester, New Boston
16	Greater Nashua	Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Nashua, Pelham, Wilton
17	Greater Derry	Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, Windham
18	Greater Exeter	Brentwood, East Kingston, Epping, Exeter, Fremont, Hampton, Hampton Falls, Kensington, Kingston, Newfields, Newmarket, Newton, Nottingham, Raymond, Seabrook, South Hampton, Stratham
19	Greater Portsmouth	Greenland, New Castle, Newington, North Hampton, Portsmouth, Rye

**LETTER OF INTENT TO APPLY FOR
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES FUNDING
FISCAL YEAR 2010**

Deadline

**Required Letters of Intent must be received at DPHS no later than
4:30 PM, EST on March 20, 2009**

Letters of Intent can be faxed to the # below or e-mailed to: ntwitchell@dhhs.state.nh.us

To: Neil Twitchell
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

Telephone #: (603) 271-5194 **Fax#:** (603) 271-7623

Re: Letter of Intent for SFY 2010 funding

BIDDER INFORMATION

Legal Name of Bidder: (please include "d.b.a." if applicable)	
Executive Director:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address: (to send electronic documents to)	
Contact Person and Title:	

I understand that this proposal is due by 4:30pm on April 3, 2009, and will not be accepted after that time. _____ (to be signed by contact person listed above).

Please indicate below the name of the RFP for which bidder is submitting a proposal and write in the geographical service area.

We intend to submit a proposal(s) for funding for the following:

Name of RFP	Geographical Service Area (From the table in Section 2. (5))
-------------	---

New Hampshire Public Health Network Services	
--	--

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Face Sheet

1. Legal Name of Bidder:
2. Name of RFP: Public Health Network Services
3. Amount of funds requested through this proposal: \$
4. Budget Period **7/01/2009 to 6/30/2010**
5. Name and Title of Bidder contact person for proposal:
6. Mailing address:
7. Phone number:
8. Fax number:
9. E-mail address:
10. Geographic area to be served:

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Proposal Face Sheet
Instructions**

- 1. Legal name of bidder:** Enter the legal name of the bidder. This must match the name on the Certificate of Good Standing.
- 2. Name of RFP:** This is the name of the Request for Proposals to which you are responding, such as the HIV Prevention Services RFP or Tobacco Addiction Treatment Services and Resource Center RFP. One face sheet and complete set of forms should be completed for each proposal.
- 3. Amount of funds requested through this proposal:** (See Section 1. of RFP)
- 4. Budget Period(s):** See Section 10.6.4. Enter the beginning and ending date(s) for the Budget Period(s) as detailed in Section 10.6.4.
- 5. Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.
- 10. Geographic area to be served:**
Identify the geographic area to be served (See section 1. of RFP)

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Checklist

Bidder Name:

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write "N/A" if the item is not applicable to your proposal.

Face Sheet []

Executive Summary []

Proposals lacking an Executive Summary will not be reviewed.

Narrative []

Staff List Form []

Budget Form []

Budget Justification []

Sources of Revenue Form []

Comprehensive General Liability
Insurance Acknowledgement Form []

Curriculum Vitae []

Performance Workplans []
or Workplans

Staff List Form

Bidder/Program Name: _____

Name of RFP: New Hampshire Public Health Network Services

Budget Period: July 1, 2009 to June 30, 2010

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week	Proj. Amnt Funded by this contract for Budget Period	Proj. Amount from Other Sources for Budget Period	Total Salaries All Sources	Site*
Example:							
Program Coordinator	Sandra Smith	\$21.00	40	\$21,840	\$21,840	\$43,680	
Total Salaries by source				\$0.00	\$0.00	\$0.00	

Please note, forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.
 *Please list which site(s) each staff member works at, if bidder has multiple sites. Not applicable to WIC.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Staff List Form
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the Budget Period. Complete one Staff List Form for each Budget Period.

List each staff member's:

- A. Position Title;
- B. Name;
- C. Hourly rate as of the first day of the Budget Period;
- D. Number of hours per week in the program (total);
- E. Amount of the total salary funded by this program for the Budget Period;
- F. Amount of the total salary funded from other sources for the Budget Period; and,
- G. Total salaries all sources (E & F).

If the program has current positions or projected new positions that will be paid out of the proposed contract, list them as vacant in the name column and complete the remaining columns as instructed above.

If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the Budget Form. Benefits are not included here. Consultants should be listed separately on that line item of the Budget Form and described in the Budget Narrative.

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form

Bidder/Program Name: _____

Budget Request for: _____
(Name of RFP)

Budget Period: July 1, 2009 to June 30, 2010

Line Item	SFY ____	SFY ____	Total
	Program Funds Requested	Other Funds	
1. Total Salary/Wages	\$	\$	\$
2. Employee Benefits	\$	\$	\$
3. Consultants	\$	\$	\$
4. Equipment:	\$	\$	\$
Rental	\$	\$	\$
Repair and Maintenance	\$	\$	\$
Purchase/Depreciation	\$	\$	\$
5. Supplies:	\$	\$	\$
Educational	\$	\$	\$
ACC/POD	\$	\$	\$
Office	\$	\$	\$
6. Travel	\$	\$	\$
7. Occupancy	\$	\$	\$
8. Current Expenses	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Printing	\$	\$	\$
Audit and Legal	\$	\$	\$
Insurance	\$	\$	\$
Meetings	\$	\$	\$
9. Software	\$	\$	\$
10. Marketing/Communications	\$	\$	\$
11. Staff Education and Training	\$	\$	\$
12. Subcontracts/Agreements	\$	\$	\$
13. Other (specific details mandatory):	\$	\$	\$
Exercise/Drills	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Sub-Total Direct Costs	\$	\$	\$
14. Indirect Costs (not to exceed 10%)	\$	\$	\$
TOTAL	\$	\$	\$

DHHS Program/Section Manager Approval _____
initials

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form and Justification Instructions

Electronic (Excel) Budget Forms will be provided by DPHS to bidders submitting a Letter Of Intent. Submit completed Budget Form(s) electronically and in hard copy.

Submit one Budget Form for each program for which you are requesting funds. In the column: “Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a Budget Justification must be submitted with each Budget Form.

Use the information below in developing the budget and preparing the Budget Justification. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget Form: from the Staff List Form, include the totals from column E under Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget Form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on bidder’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as to promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the services of Exhibit “A”.
13. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.
14. **Indirect Costs**—Identify total amount of indirect costs for this program. **Not to exceed 10%.**

Sources of Revenue Form

New Hampshire Department of Health and Human Services
Division of Public Health Services

Bidder/Program Name: _____

Name of RFP: New Hampshire Public Health Network Services

Budget Period: July 1, 2009 to June 30, 2010

A	B		C	
Sources of Revenue (Funds)	Revenue for Currently Funded Programs for Current Budget Period		Projected Revenue for Proposed Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<i>Note: Please do not include funds from unrelated initiatives within your organization.</i>				
DPHS Funds (specify source below)				
Other State Funds (specify source below)				
City/Town Funds				
Other Federal Funds				
United Way				
Medicaid				
Client Fees				
Fundraising				
Other (specify below)				
TOTAL	\$0.00		\$0.00	
In-kind (specify below)				
TOTAL	\$0.00		\$0.00	

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Sources of Revenue Form
Instructions**

Electronic (Excel) Sources of Revenue Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Sources of Revenue Form(s) electronically and in hard copy.

Please do not include funds from unrelated initiatives within your organization.

Column A: Many programs receive funds (revenue) from multiple sources; list these **sources** in this column, as indicated.

Column B: **For Currently Funded Programs**, list the actual **dollar amounts** of revenue by source, for the program's **current** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

Column C: List the projected **dollar amounts** of revenue by source, for the **projected** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

In-Kind Revenue: *Please list sources and value of **In-Kind Revenue** in the lower portion of Columns A, B and C.*

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all bidders of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

- ☐ (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

- ☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$_____ Per Claim \$_____ Per Occurrence \$_____ General Aggregate

Signature & Title

Date

This acknowledgement must be returned with your proposal.